

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

886129

WELL LOCATION		CONSTRUCTION DETAILS																																		
County <u>LAKE</u> Township <u>MADISON</u>		☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)																																		
Owner/Builder <u>BOB & BETH PERUSEK</u> (Circle One or Both) First Last		1 ☐ Borehole Diameter _____ inches Depth <u>16'</u> ft. Casing Diameter <u>4"</u> in. Length _____ ft. Thickness _____ in. 2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground _____ ft.																																		
Address of Well Location <u>2841 MCMACKIN RD.</u> Number Street Name		Type 1 ☐ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other <u>CONCRETE</u> 2 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ _____																																		
City <u>MADISON</u> Zip Code +4 <u>44057</u>		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ _____																																		
Permit No. <u>98244264</u> Section/Lot No. _____ (Circle One or Both)		SCREEN																																		
Location of Well in State Plane coordinates, if available:		Diameter _____ Slot Size _____ Screen Length _____ ft.																																		
Use of Well <u>HOUSEHOLD</u>		Type _____ Material _____																																		
N ☐ X _____ +/- _____ ft. or m		Set Between _____ ft. and _____ ft.																																		
S ☐ Y _____ +/- _____ ft. or m		GRAVEL PACK (Filler Pack)																																		
Elevation of Well _____ +/- _____ ft. or m		Material/Size _____ Volume/Weight Used _____																																		
Datum Plain: ☐ NAD27 ☐ NAD83 : Elevation Source _____		Method of Installation _____																																		
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____		Depth: Placed FROM _____ ft. TO _____ ft.																																		
Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: _____ Long: _____		GROUT																																		
		Material _____ Volume/Weight Used _____																																		
		Method of Installation _____																																		
		Depth: Placed FROM _____ ft. TO _____ ft.																																		
WELL TEST*		DRILLING LOG*																																		
		INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																		
Pre-Pumping Static Level <u>8'</u> ft. Date <u>8-17-99</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>SAND</td> <td>0</td> <td>2'</td> </tr> <tr> <td>TOPSOIL</td> <td>2'</td> <td>3'</td> </tr> <tr> <td>YELLOW SAND</td> <td>3'</td> <td>7'</td> </tr> <tr> <td>GREY SAND & FINE GRAVEL</td> <td>7'</td> <td>16'</td> </tr> <tr> <td>HIT WATER @ 8'</td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>		Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To	SAND	0	2'	TOPSOIL	2'	3'	YELLOW SAND	3'	7'	GREY SAND & FINE GRAVEL	7'	16'	HIT WATER @ 8'																	
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Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____																																				
☐ Air ☐ Bailing ☒ Pumping* ☐ Other _____																																				
Test Rate <u>30</u> gpm Duration of Test <u>2</u> hrs.																																				
Feet of Drawdown <u>2</u> ft. Sustainable Yield _____ gpm																																				
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																				
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No																																				
Quality <u>CLEAR NO ODOR</u>																																				
PUMP/PITLESS																																				
Type of pump _____ Capacity _____ gpm																																				
Pump set at _____ ft. Pitless Type _____																																				
Pump installed by _____																																				
I hereby certify the information given is accurate and correct to the best of my knowledge.																																				
Drilling Firm <u>BEACH BROS. EXCAVATING</u>																																				
Address <u>2272 MCMACKIN ROAD</u>																																				
City, State, Zip <u>MADISON OHIO 44057</u>																																				
Signed <u>[Signature]</u> Date <u>25 AUG 99</u>																																				
ODH Registration Number <u>01481</u>																																				
Date of Well Completion <u>8-17-99</u> Total Depth of Well <u>16</u> ft.																																				